N130000001827

| (R | equestor's Name) | |
|-------------------------|-----------------------|----------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone # | ?) |
| PICK-UP | WAIT . | MAIL |
| (B | usiness Entity Name |) |
| (Document Number) | | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | : |
| | | |
| *** | Office Use Only | |



300265523203

- 300265523203 10/20/14--01026--029 **35.00

SECRETARY OF SIME OF STATE OF CORPERTY OF

Amind 1

COVER LETTER

LaKeland Lady Tigers Soffball, INC. NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey Sullivan (Name of Contact Person) ndham & Shdham, PA (Firm/ Company) (Address) Bartow, FL 33831-0510 (City/ State and Zip Code) KAFSUllivan 314@ gahaw.am E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2014

JEFFREY SULLIVAN LAKELAND LADY TIGERS SOFTBALL, INC. 150 EAST DAVIDSON STREET BARTOW, FL 33830

SUBJECT: LAKELAND LADY TIGERS SOFTBALL, INC.

Ref. Number: N13000007827

We have received your document for LAKELAND LADY TIGERS SOFTBALL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 314A00023394

Period 1/12/14

Articles of Amendment

to
Articles of Incorporation

| (Name of Corporation as currently | y filed with the Florida Dept. of State) | |
|---|--|--|
| 463541001 | 1 | |
| (Docu | iment Number of Corporation (if known) | |
| ursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati | 006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts tion: | he following |
| . If amending name, enter the new name | me of the corporation: | |
| | | The new |
| ame must be distinguishable and contain Company" or "Co." may not be used in | the word "corporation" or "incorporated" or the abbreviation "Corp. | " or "Inc." |
| Company or Co. may not be used in | те пате. | |
| B. Enter new principal office address, it | | |
| Principal office address <u>MUST BE A ST</u> | <u>KEET ADDRESS</u>) | |
| | | |
| | | |
| Enter new mailing address, if applic | | |
| (Mailing address MAY BE A POST O | OFFICE BOX): | |
| , <u></u> | | |
| , <u></u> | | <u> </u> |
| | | |
| | | |
|). If amending the registered agent and | d/or registered office address in Florida, enter the name of the | |
|). If amending the registered agent and new registered agent and/or the new | d/or registered office address in Florida, enter the name of the | |
|). If amending the registered agent and | d/or registered office address in Florida, enter the name of the | 14 MOV 14 MOV 15 MOV |
|). If amending the registered agent and new registered agent and/or the new | d/or registered office address in Florida, enter the name of the registered office address: | 14 NOV 12 |
| D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: | d/or registered office address in Florida, enter the name of the registered office address: (Florida street address) | 14 NOV 12 AH |
|). If amending the registered agent and new registered agent and/or the new | d/or registered office address in Florida, enter the name of the registered office address: (Florida street address) | |
| D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: | d/or registered office address in Florida, enter the name of the registered office address: (Florida street address) | HII: O |
| D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: | d/or registered office address in Florida, enter the name of the registered office address: (Florida street address) , Florida (City) (Zip Co | HII: O |
| D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: New Registered Office Address: | d/or registered office address in Florida, enter the name of the registered office address: (Florida street address) , Florida (City) (Zip Conanging Registered Agent: | AH11: 03 |
| D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: New Registered Office Address: | d/or registered office address in Florida, enter the name of the registered office address: (Florida street address) , Florida (City) (Zip Co | AH11: 03 |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mil</u> | n Doe ke Jones ly Smith | |
|-----------------------------------|---------------------|-------------------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| I) Change Add Remove | <u>vp</u> | Jason Toman | 140 W Brannen Road Laxeland FC 33813 |
| 2) Change Add | <u>SIT</u> | JENNIER Toman | 140 W Brannon Road Lakeland, PL 33813 |
| Remove 3) Change Add | √P_ | Tray Grubb | 150 E. Davidson ST Barton, FL 33830 |
| Remove 4) Change X_ Add | SIT | Crystal Thompson | 150 E. Davidson ST Bartow, FL 33830 |
| Remove 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |

| E. | If amending or adding additional Art | ticles, enter change(s) here: | |
|----|---|-------------------------------|------------|
| | (attach additional sheets, if necessary). | (Be specific) | |
| | | | |
| | | | |
| _ | | | |
| _ | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| _ | | | |
| _ | | | |
| | | | |
| | | | - |
| _ | | | |
| | | | |
| | | | |
| _ | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| | | | |
| | | | |
| _ | | | |
| | | | |
| | | | |
| - | | | |
| | | | , <u>-</u> |
| | | • | |
| _ | | | |
| _ | | | |
| | | | |
| _ | · · · · · · · · · · · · · · · · · · · | | |
| | | | |

| | e date of each amendment(s) adoption: September 26, 2019 e this document was signed. | , if other than the |
|-----|--|---------------------|
| Eff | ective date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| Ad | option of Amendment(s) (<u>CHECK ONE</u>) | |
| A | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| | Dated November 10, 2014 | |
| | Signature | _ |
| | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | Jeffrey Sillwan | |
| | (Typed or printed name of person signing) | |
| | (Title of person signing) | |